

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/533120

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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42						
43						
44						
45						
46						
47			1			
48				1		
49				1		
50				1		
TOTAL IND.		↓	1	↓		↓
TOTAL DEP.		←	3	←		←
TOTAL CLAIMS			4			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				/		
52				/		
53				/		
54				/		
55				/		
56				/		
57				/		
58				/		
59				/		
60				/		
61				/		
62				/		
63				/		
64				/		
65				/		
66			/	/		
67				/		
68				/		
69				/		
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98						
99						
100						
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.		←	23	←		←
TOTAL CLAIMS			25			